



THE COMMONWEALTH OF MASSACHUSETTS

TRAVEL EXPENSE VOUCHER
DIVISION NAME
ACCOUNT: 0000-0000

{FOR BU's: 1, 2, 3, 4A, 6 and 9 ONLY}

NAME OF EMPLOYEE	
OFFICIAL HEADQUARTERS	
BARGAINING UNIT	
DATE	DESCRIPTION
	Itemize by day and explain fully, including cities and towns visited. When listing privately-owned car mileage, report under "Purpose" the names, if any, of all other employees transported, together with the city or town and addresses between which they are transported.
TOTALS	
TOTALS BY OBJECT CODE \$	
IN-STATE TRAVEL	
CONFERENCE, TRAINING AND REGISTRATION	
EXIGENT JOB-RELATED EXPENSES	
OUT OF STATE TRAVEL - OTHER	

DEPARTMENT OF PUBLIC HEALTH

ACCOUNTING USE ONLY

LOGGED INTO ERTS:

DOCUMENT REVIEWED:

ACCOUNT REVIEWED:

ENTERED INTO HR/CMS:

FINAL REVIEW:

LOGGED OUT ERTS:

		EMPLOYEE ID#							
		HOME ADDRESS							
CONSULTANT: Y		M	REGULAR WORK HOURS			T	W	TH	F
PRIVATE Auto Mileage			Odometer Reading			MEALS			
Miles	Amount	Beginning/Ending				Breakfast	Lunch	Supper	
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Please fill out for each Object code

OBJECT CODE

B02	\$	
B05		
B10		
B01	\$	

INITIALS

DATE

OUT OF STATE TRAVEL - AIRFARE
OUT OF STATE TRAVEL - HOTEL/LODGING
TRAVEL AND OTHER EXPENSES FOR CONTRACTED SERVICES
TOTAL AMOUNT

Signed _____

TRAVELER

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth, and conform fully with the Travel Rules and Regulations.

Signed _____

SUPERVISOR

BB1	\$	-
B1B	\$	-
C98	\$	-

APPROVING AUTHORITY SIGNATURE

DATE

Cell: B6
Comment: ENTER
DIVISION NAME

Cell: B7
Comment: ENTER
ACCOUNT NO

Cell: A23
Comment: PLEASE ENTER DATE

Cell: B23
Comment: THIS IS A MANADATORY FIELD!!!!

PLEASE ENTER A DESCRIPTION

Cell: A24
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Farak_email_PRR_002058

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